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PATENT
ATTORNEY DOCKET
NO. 1999P07424US01IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Applicants: Crouch, et al.

Serial No.: 09/232,749

Filed: January 15, 1999

Title: QUEUE AS CALLABLE
ENTITY IN IP TELEPHONE
SYSTEM

Group Art Unit: 2664

Examiner: Tran

) CERTIFICATE OF FACSIMILE TRANSMISSION

) The undersigned hereby certifies that this document is
) being facsimile transmitted to the fax number and date
) given below.) Facsimile Number: 571-273-8300) No. of Pages: RCE (2) + Ext (1) = Total (3)) Date Transmitted: November 28, 2005) By: 
Jeanette L. TaplinREQUEST FOR CONTINUED EXAMINATION (RCE)Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

Sir:

1. Applicant hereby requests continued examination, in accordance with 37 C.F.R. §1.114, for the above identified application.

TIME REQUEST IS BEING MADE

2. This request is being submitted:

- i. ☒ **Prior to abandonment of the application.**
- ii. ☐ With payment of the issue fee
- ☐ Prior to payment of issue fee
- ☐ Issue fee has been paid but a petition under §1.313 has been granted
- iii. ☐ Prior to a decision on appeal to the Board of Patent Appeals & Interferences
- iv. ☐ A notice is being separately sent to the Board of Patent Appeals & Interferences that this Request for Continued Examination is being filed.

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ENCLOSURES

3. Enclosed herewith is/are:

- ☒ A Petition for Extension of Time for the second month(s).
☒ Please enter the Amendment filed October 25, 2005.
☐ Please enter the enclosed Preliminary Amendment.
☐ An Information Disclosure Statement (37 C.F.R. §1.98) with PTO-1449
and __ references.
☐ New arguments
☐ New evidence in support of patentability
☐ Other:

FEE FOR REQUEST (37 C.F.R. §1.17(e))

4. ☒ Filing fee has been calculated as shown below after entering the previous amendment (other than small entity):


| For | Claims Remaining After Amendment | Highest Number Previously Paid For | Present Extra | x Rate | Additional Fees |
|---|-------------------------------------|---------------------------------------|------------------|------------------|--------------------|
| Total Claims | 18 | -18 | =0 | x \$ 50 | \$ 0.00 |
| Indep. Claim | 4 | -4 | =0 | x \$200 | \$ 0.00 |
| <input type="checkbox"/> First Presentation of a Multiple Dependent Claim | | | | + \$300 | \$ 0.00 |
| | | | | Basic Filing Fee | \$ 790.00 |
| | | | | Total | \$ 790.00 |

5. ☒ Please charge Deposit Account No. 19-2179 in the amount of \$790.00. The Commissioner is hereby authorized to charge any fees that may be required, or credit any overpayment to Deposit Account No. 19-2179 pursuant to 37 C.F.R. §1.25. A duplicate copy of this sheet is enclosed.

Date: 28 Nov. 05

Respectfully submitted,

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